Name in Full

Certificate of Death

Illegitimate Child

Town _____ County Kent MARYLAND

Died at Langford

1904 Month May Day 19 Age 3 Minutes

Date 189

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living None

Husband of

Wife

Father's Name Supposed to be Charles Adkinson

Mother's Name Ida Mulford

Cause of Death: Primary _____ How long sick

Immediate Unknown

Accident, Suicide, Homicide

Reported by John W. McClary M.D.

Address Chestertown RFD 3

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Sarah Ellen Morris Burke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Chestertown; County: Kent

Date of death 1904: Month: May; Day: 22nd; Age: Years: 68; Months; Days

Sex: Female; Color or Race: White; Birthplace: Sussex Del

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: William J. Burke

Father's Name: Lorenzo Dow Morris; Father's Birthplace: Maryland

Mother's Maiden Name: Mary Smith; Mother's Birthplace: Don't Know

Name of person giving Information: Wm J. Burke; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy (Cerebral); How long: 4 days.

Immediate: How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Dodd

Address: Chestertown, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: James Cook.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Almshouse — County: Kent.

Date of death: Month: May — Day: 20 — 1904

Age: Years — Months — Days

Sex: Male — Color or Race: Blk — Birthplace

Occupation: Farm Work — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 3d stroke

Immediate: ex Lumbago — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. H. Smithson

Address: Dover Del

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Susie R Clark

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Millington — County: Kent

Date of death: Month: May — Day: 18 — 1904

Age: Years: 26 — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Queen Anne Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: L Carroll Clark

Father's Name: B F Vansant — Father's Birthplace: Smyrna Del.

Mother's Maiden Name: Mary A Price — Mother's Birthplace: Kent Co Md.

Name of person giving information: B F Vansant — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uremia, probably due to Grave's D — How long:

Immediate: Uremic Coma — How long: 3 or 4 Mos.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. F. Clarke

Address: Millington Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Emory James Clarkson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall; County: Kent

Date of death: 1904 Month: May Day: 12

Age: Years: 54 Months: Days:

Sex: Male

Color or Race: Colord

Birthplace: Kent Co. Md

Occupation: Laborer

Where Residing if not at place of death: Rock Hall

Married, Single or Widowed: Married

Name of Wife or Husband: Martha E Harris

Father's Name: Henry Clarkson

Father's Birthplace: Kent Co Md

Mother's Maiden Name: Martha Chase

Mother's Birthplace: Kent Maryland

Name of person giving information: Mary E Harris

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammatory Diarrhea

How long: Two Months

Immediate: Peritonetis

How long: Three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. L. Long M.D

Address: Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Josephine Coleman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rockhall — County: Kent Co

Date of death 1904 — Month: May — Day: 2

Age — Years: 43 — Months: 3 — Days: 18

Sex: Female

Color or Race: White

Birthplace: Kent Co.

Married, ~~Single~~ or ~~Widowed~~: Married

Occupation: Housewife

Name of ~~Wife or~~ Husband: Benjamin Coleman

Father's Name: Richard Rowling

Father's Birthplace: Kent Co.

Mother's Maiden Name: May Ford

Mother's Birthplace: Kent Co.

Name of person giving In formation: Benjamin Coleman

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis — How long: 6 weeks

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Selby M.D.

Address: Rockhall Kent Co.

Accident or Suicide?

LIBRARY BUREAU A2B818

Name in Full: Christopher Conner.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centerville; County: Kent

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190 4: Month: May; Day: 16th; Age: Years: 76; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Ireland.

Married, Single or Widowed: Widower; Occupation: Farmer

Name of Wife or Husband: — — — —

Father's Name: Dont Know; Father's Birthplace: Ireland

Mother's Maiden Name: — —; Mother's Birthplace: "

Name of person giving Information: Christopher Conner Jr.; How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis; How long: 4 Months.

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C P Gorman MD,

Address: Millington Md.

Accident or Suicide? —

LIBRARY BUREAU A89316

Name in Full: Charles Burton Corsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall — County: Kent

Date of death: 1904 — Month: May — Day: 26

Age — Years: — Months: 3 — Days: 14

Sex: Male — Color or Race: Colored — Birthplace: Kent-Co Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name or Wife or Husband:

Father's Name: Not Known — Father's Birthplace:

Mother's Maiden Name: Ethel Corsey — Mother's Birthplace: Rock Hall Md

Name of person giving In formation: Charles Corsey — How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Not Known — How long:

Immediate: No Attending — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos H Causey

Address: Undertaker Rock Hall Kent-Co Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Ellen Scallon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Melitota — County: Kent

Date of death 190 — Month: May — Day: 14 — Age — Years: 15 — Months — Days

Sex: Female — Color or Race: Col. — Birthplace: Kent Co Md

Married, Single or Widowed: Single — Occupation: House Girl

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Callon — Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving Information: John Scallon — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: One month

Immediate: Malaria Fever — How long: 10 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John H. Heavey

Address: Hansonville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88518

Name in Full: Mrs Sarah A. Crew

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Worton — County: Kent

Date of death 1904 — Month: May — Day: 8

Age — Years: 71 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Delaware

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Benj F. Crew

Father's Name: Dont Know — Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving In formation: Mrs Mamie Turner — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Angina Pectoris — How long: Half Hour

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John H. Hessey

Address: Hanesville Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Preston Dorsey.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Galesville County: Kent

Date of death 1904: Month: May Day: 11

Age: Years: — Months: 2 Days: 28

Sex: Male. Color or Race: Blk. Birthplace: Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jeremiah Dorsey Father's Birthplace: Md

Mother's Maiden Name: Maggie Brooks Mother's Birthplace: Md

Name of person giving Information: Dorsey. How related to deceased: father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis. How long: six days.

Immediate: 105 How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm. F. Maxwell.

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Susan Clark Fletcher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lankford | County: Kent

Date of death: Month: Jy | Day: 6 | Year: 1904 | Age: Years: 70 | Months | Days

Sex: Female | Color or Race: White | Birthplace: Kent Co Md

Occupation | Where Residing if not at place of death

Married, Single or Widowed: Widow | Name of Wife or Husband: Jas Fletcher

Father's Name: Wm Clark | Father's Birthplace: Kent Co

Mother's Maiden Name: Susan Clark | Mother's Birthplace: . . . .

Name of person giving Information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Heart trouble Dis | How long: upw 10 years

Immediate: Sudden Failure of Heart | How long: upw minutes

Are the name, age, sex, color, date and place correctly given above? Jr

Signature of Physician: W Frank Haines

Address: Chestertown Md

Accident or Suicide? N

PHYSICIAN OR CORONER

LIBRARY BUREAU A86316

Name in Full: Noah Forsaore

CERTIFICATE OF DEATH

MARYLAND

Died at: Golt (Town) — Kent (County)

Date of death: 1904 — Month: May — Day: 8

Age: Years 42 — Months 0 — Days 11

Sex: Male

Color or Race: White American

Birthplace: Cecil Co Md

Occupation: Farmer

Where Residing if not at place of death: Golt Kent Co Md

Married, ~~Single~~ or Widowed

Name of Wife or Husband: Rachel Forsaore

Father's Name: Robert L. Forsaore

Father's Birthplace: Md

Mother's Maiden Name: Rachel Steel

Mother's Birthplace: Delaware

Name of person giving Imformation: William Forsaore

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis — How long: 3 months

Immediate: Pneumonia — How long: one week

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J J Wright MD

Address: Hancock Md

~~Accident or Suicide?~~

LIBRARY BUREAU A883-16

Name in Full: Evelyn Graham

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown — County: Kent

Date of death: Month: 5 — Day: 6 — 1904

Age: Years: 2 — Months: 11 — Days: Minutes

Sex: Female — Color or Race: White — Birthplace: Chestertown

Occupation: — Where Residing If not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Harvey R. Graham — Father's Birthplace: Md

Mother's Maiden Name: Eliza J. Graham — Mother's Birthplace:

Name of person giving Information: E. E. Graham — How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Want of Vitality — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. E. Graham

Address:

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Jane Hodges

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sankford; County: Kent

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904: Month: May; Day: 8; Age: Years: over 80; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Kent Co

Occupation: Unemployed; Where Residing if not at place of death: Sankford

Married, Single or Widowed: Married; Name of Wife or Husband: James Hodges

Father's Name: Slave - don't Know; Father's Birthplace: Don't Know

Mother's Maiden Name: " " "; Mother's Birthplace: " "

Name of person giving Information: James Hodges; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age General debility; How long: 2 years.

Immediate: Weak Heart; How long: 1 year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Benj Simmons

Address: Chestertown Md.

Accident or Suicide? No

LIBRARY BUREAU A8US15

Name in Full: Grover Cleveland Hubbard

CERTIFICATE OF DEATH

MARYLAND

Died * Town: near Rock Hall County: Kent

Date of death: Month: 1904 May Day: 26 Age: Years 17 Months Days

Sex: Male Color or Race: White Birthplace: Kent Co Md

Occupation: Fisherman Where Residing if not at place of death: Rock Hall

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: John W Hubbard Father's Birthplace: Md

Mother's Maiden Name: Mary E Morris Mother's Birthplace: Md

Name of person giving information: Mrs Mary E Hubbard How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowned How long

Immediate: How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Robert F Lewis

Address: Justice of the Peace

Acting Coroner

Accident or Suicide? accident

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LIBRARY BUREAU A88G16

Name in Full: John Wesley Jeffers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death 1904: Month: May; Day: 2

Age: Years: 16; Months: ; Days: 2

Sex: Male

Color or Race: Colored

Birthplace: Chestertown Md

Married, Single or Widowed: —

Occupation: Farm hand

Name of Wife or Husband:

Father's Name: James Jeffers

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation: Michael Colton

How related to deceased: Step father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute phthisis

How long: 4 months

Immediate: Exhaustion

How long: several days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. G. Simpers

Address: Chestertown Md

Accident or Suicide? No

LIBRARY BUREAU A2818

Name in Full: William Henry Jenkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chester — County: Kent.

Date of death: 1904 — Month: May — Day: 16. — Years: Age 77. — Months — Days

Sex: Male — Color or Race: Black. — Birthplace: Kent Co Md.

Occupation: Farm Hand. — Where Residing if not at place of death: Chestertown Md

Married, Single or Widowed: widr. — Name of Wife or Husband: Mary Emma Jenkins

Father's Name: Dont. Know — Father's Birthplace: Dont Know.

Mother's Maiden Name: Eliza Blake — Mother's Birthplace: Dont Know.

Name of person giving Information: Harrison Jenkins — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart disease — How long: 2 Months

Immediate: Heart failure — How long: 15. Mint

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: [illegible] Md

Address: Chestertown Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66316

Name in Full: Sarah P. Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Bowie Town. (County) Prince

Date of death 1904: (Month) May (Day) 30th

Age: (Years) 19 (Months) 2 (Days) 13

Sex: Female

Color or Race: Black

Birthplace: Cecil Co. Md.

Married, Single or Widowed: Single

Occupation: —

Name of Wife or Husband:

Father's Name: Geo. Jones

Father's Birthplace: Cecil Co. Md.

Mother's Maiden Name: Annie E. Wilson

Mother's Birthplace: Kent Co. Md.

Name of person giving information: Mary Agnes Jones

How related to deceased: Sister.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption

How long: 2 months

Immediate: Diarrhea

How long: 1 day.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Horton Kelly

Address: Bowie Town, Md.

Accident or Suicide?

LIBRARY BUREAU A69918

Name in Full: James Kerby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edesville — County: Kent

Date of death: 1904 — Month: May — Day: 7

Age: Years: 2. 3 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Kent Co Md

Occupation: Laborer — Where Residing if not at place of death: Edesville

Married, Single or Widowed: Single — Name or Wife or Husband:

Father's Name: Wilson Kerby — Father's Birthplace: Maryland

Mother's Maiden Name: Louisia Wells — Mother's Birthplace: Maryland

Name of person giving Information: Aron Kerby — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 3 Month

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: N. H. Beall M.D.

Address: Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Stephen LeCates

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Fredchester | County: Kent

Date of death: 1904 | Month: May | Day: 26 | Age: Years 90 | Months 3 | Days 8

Sex: Male | Color or Race: White | Birthplace: Delaware

Occupation: Retired | Where Residing if not at place of death: Near Dalchester

Married, Single or Widowed: Widowed | Name of Wife or Husband: —

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: Chas A LeCates | How related to deceased: Grand Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis | How long: 4 Years ago

Immediate: Genral Paralysis | How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Benge Simmons

Address: Cheatfordown Md

Accident or Suicide? No

LIBRARY BUREAU A36616

Name in Full

Certificate of Death

Dennis J. Buckley

Died at Town: Galena County: Kent MARYLAND

Date 1964 Month: May Day: 3 | Age Y.: 87 M.: 8 D.: 7 | Native of: Kent Co. | Occupation:

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 0

Husband ~~Wife~~ of Eva Jarman

Father's Name B.J. Buckley Mother's Maiden Name Edmonia A. Woodall

Cause of Death: Primary: Valvular Disease of Heart — How long sick: 2 months

Immediate: Oedema of Lungs — ~~Accident, Suicide, Homicide~~

Reported by Edmund A. Scott M.D.

Address Galena Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: Henrietta E. Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Worton — County: Kent

Date of death 1904: Month: May — Day: 4 — Age: Years: 59 — Months: — — Days: —

Sex: female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widow — Occupation: —

Name of Wife or Husband: — —

Father's Name: Joseph Edwards (Sutton) — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Mrs Massey 114 — How related to deceased: friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage followed by Pneumonia — How long: 2 Weeks

Immediate: Hemorrhage, Cerebral Pneumonia — How long: 2 Short hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Frank Harris

Address: Chestertown Md

Accident or Suicide?

LIBRARY BUREAU A38316

Chesterton

Name in Full: Martha Murray

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Near Chestertown (County) Kent

Date of death	Month	Day	Years	Months	Days
1904	May	9	Age 32	0	0

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female

Color or Race: Colored

Birthplace: Kent Co

Occupation: House work

Where Residing if not at place of death: Near Chestertown

Married, Single or Widowed: Married

Name of ~~Wife or~~ Husband: Thos Murray

Father's Name: Hash. Williams

Father's Birthplace: Va

Mother's Maiden Name: Aggie M. Grace

Mother's Birthplace: Kent Co

Name of person giving Information: Thos Murray

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Most likely Tuberculosis

How long: 3 months

Immediate: " " "

How long: bed fast. 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

I have not seen this person for nearly a year.

Accident or Suicide? No.

Signature of Physician: H. Byrne Simmons

Address: Chestertown Md

LIBRARY BUREAU A3US16

Name in Full: Dora Riley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Blacks Station; County: Kent

Date of death 1904: Month: May; Day: 7th

Age: Years: 14; Months: 6; Days: 6

Sex: Female; Color or Race: Black.; Birthplace: Kent Co

Married, Single or Widowed: Single; Occupation: none

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Perry Riley; Father's Birthplace: Kent Co.

Mother's Maiden Name: Mary E. Gouldsborough; Mother's Birthplace: Kent Co.

Name of person giving information: Hennie Gouldsborough; How related to deceased: Grandmother

CAUSES OF DEATH

Primary: Cholorosis; How long: 3 Weeks

Immediate: Asthenia; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C P Gorman M.D.

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A99519

Name in Full: William Thomas Lilley

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Kensington. County: Mont.

Date of death 1904: Month: May. Day: 22nd. Age: Years 68, Months 10, Days 1

Sex: Male. Color or Race: White. Birthplace: Frederick, Md.

Married, Single or Widowed: Single. Occupation:

Name of Wife or Husband:

Father's Name: John Lilley. Father's Birthplace: Delaware

Mother's Maiden Name: Elizabeth Poe. Mother's Birthplace: Maryland.

Name of person giving information: Theresa Chrismond. How related to deceased: Sister.

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Bladder. How long: 6 months 4 days.

Immediate: Obstinate Constipation. How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Hortsmeyer

Address: Kensington, Md.

Accident or Suicide?

LIBRARY BUREAU A20510

Name in Full: Samuel. Sutton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sassafras — County: Kent

Date of death 1904: Month: May — Day: 15 — Years: Age 64 85 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Maryland

Occupation: Laborer — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H M. Jeter.

Address: Sassafras. Md.

Accident or Suicide?

LIBRARY BUREAU A88018

Received on 16 May
1902

Name in Full: Mrs L. Turner

CERTIFICATE OF DEATH

Died at — Town: Still born near Millington — County: Kent Co — MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Date of death	1904	Month: 5	Day	Age — Years: Still born	Months / Days
Sex: Male	Color or Race: white			Birthplace	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name: John C. Turner				Father's Birthplace: Md	
Mother's Maiden Name: Emma C. Turner S.				Mother's Birthplace: Md	
Name of person giving Information: Dr W.F. Jacobs				How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	(Cause of death unknown)	How long	Still born
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. W.F. Jacobs
		Address	Millington Md
Accident or Suicide?			

LIBRARY BUREAU A88515

Name in Full: Dallie E. Waddell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death 190 6: Month: May; Day: 3rd; Years: Age 40; Months; Days

Sex: Female; Color or Race: White; Birthplace: Kent Co

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: Chas F. Waddell

Father's Name: Noah Perry; Father's Birthplace: Dont know

Mother's Maiden Name: Dont know; Mother's Birthplace: " "

Name of person giving In formation: Chas F Waddell; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: acute tuberculosis; How long: 4 months

Immediate: Exhaustion; How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H G Simpers

Address: Chestertown Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU ARBSIA

Name in Full: Mary Greenleaf Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall; County: Kent

Date of death 1904: Month: May; Day: 9; Age: Years: 77; Months: 2; Days: 21

Sex: Female; Color or Race: White; Birthplace:

Occupation: House Wife; Where Residing if not at place of death: Rock Hall

Married, Single or Widowed: Widow; Name of Wife or Husband: James Young

Father's Name: Henry L Pearson; Father's Birthplace: New York

Mother's Maiden Name: Sorbley Greenleaf; Mother's Birthplace: Mass

Name of person giving In formation: George L Pearson; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrage; How long: Two Months

Immediate: Impairment of general nutrition; How long: Twelve days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C E Long M D

Address: Rock Hall

Accident or Suicide?

Kent Co Md.

LIBRARY BUREAU A83316